

A000DA7

RONALD F. SHALLAT, M.D. FEBRUARY 17, 2006

1	If you lower it too far, then you can get ischemia	12:52:59	1	Let me just ask you just generally about	12:55:04
2	of the brain. It can constrict the vessels too	12:53:03	2	your understanding of the neurosurgical practice	12:55:05
3	much and adversely affect it.	12:53:05	3	in Anchorage in 2003.	12:55:07
4	You can give Mannitol, but there is a	12:53:07	4	What is your understanding of what it	12:55:11
5	theoretical risk of that of causing the aneurysm	12:53:12	5	was or what kind of treatment was available?	12:55:14
6	to bleed because you shrink the brain away from	12:53:15	6	A. Well, I think that there were a	12:55:15
7	the aneurysm, which may be actually kind of	12:53:19	7	couple of neurosurgeons that did some aneurysm	12:55:16
8	sealing the clot off and cause it to bleed.	12:53:24	8	surgery. I can't remember whether it was	12:55:20
9	So, you know, there is a fine line	12:53:28	9	Dr. Cohen or Dr. Goderski or somebody. I don't	12:55:22
10	there. If the patient is getting such severe	12:53:32	10	know. There were a couple that apparently did	12:55:25
11	pressure that they look like they are going to	12:53:36	11	some occasional aneurysms, not huge numbers.	12:55:27
12	herniate and die, then you will give Mannitol and	12:53:38	12	My understanding is they did not have	12:55:30
13	you won't care if you cause bleeding. But if it's	12:53:41	13	the capability of doing interventional techniques	12:55:33
14	mild pressure that you can control with other	12:53:44	14	to obliterate aneurysms.	12:55:38
15	means, you don't give Mannitol.	12:53:46	15	Q. Meaning -- do you mean clipping?	12:55:41
16	Q. There are other conservative means,	12:53:48	16	A. No, I mean catheter coil, you know.	12:55:42
17	such as lifting the head of the bed 30 degrees?	12:53:51	17	Q. Oh, coiling. I'm sorry.	12:55:46
18	A. Yes. You can give diuretics, but,	12:53:53	18	A. Yes. That is called	12:55:47
19	you know, it all depends on what you are going to	12:53:58	19	interventional.	12:55:50
20	do about the aneurysm and whether you are going	12:54:05	20	Q. At least what your understanding	12:55:52
21	to -- or first of all, after you have diagnosed an	12:54:05	21	was is they could do -- they could treat some	12:55:55
22	aneurysm and how are you going to treat it and so	12:54:08	22	aneurysms?	12:55:57
23	forth.	12:54:10	23	A. And they did treat some that were	12:55:58
24	Q. I am going back to your report. It	12:54:10	24	favorable, in other words, you know, relatively	12:56:01
25	says, "I don't believe it's possible to determine	12:54:16	25	technically easier than others and straightforward	12:56:04
Page 146			Page 148		
1	from the CT scan that was done upon his return to	12:54:18	1	cases, I guess. And anything that was complex or	12:56:07
2	the hospital" -- and that is the CT at Providence	12:54:21	2	difficult would be shipped down to Seattle.	12:56:11
3	Hospital, I assume.	12:54:25	3	Q. In Seattle where? Do you know?	12:56:15
4	A. Mm-hmm.		4	A. Well, I don't know. Some medical	12:56:16
5	Q. -- "whether there was an aneurysm	12:54:26	5	center in Seattle where they did a lot of	12:56:18
6	or if so, at what area, anterior positive	12:54:27	6	aneurysms. I don't know which one.	12:56:21
7	circulation."	12:54:30	7	Q. Do you know whether or not it was	12:56:22
8	We discussed that. I mean,	12:54:31	8	Harbor View?	12:56:24
9	statistically, it's more likely that an aneurysm	12:54:32	9	A. Probably.	12:56:25
10	caused a subarachnoid hemorrhage just because that	12:54:37	10	Q. Do you have an understanding in	12:56:26
11	is the most common cause; is that right?	12:54:39	11	2003 whether or not the -- what the Alaska Native	12:56:29
12	A. Yes.	12:54:41	12	Medical Center did if they had a patient that they	12:56:34
13	Q. And the most common location is the	12:54:41	13	diagnosed with a subarachnoid hemorrhage?	12:56:36
14	circle of Willis; is that correct?	12:54:42	14	A. My understanding is they would,	12:56:37
15	A. That's correct.	12:54:44	15	maybe the emergency room physician would call a	12:56:40
16	Q. And the most common -- and again,	12:54:44	16	neurosurgeon, describe the situation and ask if	12:56:43
17	we are just talking statistics. We don't know	12:54:46	17	they would want them -- want to come see the	12:56:46
18	from this individual, but at least statistically,	12:54:48	18	patient or do they want them transferred to one of	12:56:49
19	the most common area would be the anterior?	12:54:49	19	the other hospitals where they would then see the	12:56:52
20	A. Anterior circulation, right.	12:54:52	20	patient and decide what they were going to do with	12:56:55
21	Q. It says, "I understand the nature	12:54:55	21	them. But it's my understanding they wouldn't be	12:56:57
22	of neurosurgical practice in Anchorage at the time	12:54:58	22	treated there at the Alaska Native Regional	12:57:00
23	of this incident, some patients with very	12:55:00	23	Center.	12:57:02
24	favorable types of aneurysms might have been	12:55:02	24	Q. Are you -- I'm just curious if are	12:57:03
25	treated locally."	12:55:03	25	you are familiar with Harbor View at all. Have	12:57:06
Page 147			Page 149		

A000DA7

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1	A. Well, it was mostly the kind of	13:00:54	1	A. Right.	13:03:00
2	information that they put in my time line here, as	13:01:00	2	Q. Did you -- do you know whether or	13:03:01
3	to where the patient -- you know, as I mentioned	13:01:05	3	not that emergency room physician was working at	13:03:03
4	earlier, that the patient initially was at Alaska	13:01:10	4	the Alaska Native Medical Center?	13:03:05
5	Regional Center. They would have called a	13:01:15	5	A. I don't know. I can't tell you.	13:03:07
6	neurosurgeon.	13:01:17	6	I'm sorry.	13:03:09
7	The neurosurgeon, when -- if and when	13:01:18	7	Q. That's okay.	13:03:09
8	they responded might have said, I will come over	13:01:21	8	Do you -- anybody else that you spoke	13:03:09
9	and look at him, or, ship him over to this	13:01:24	9	with in Anchorage about this case --	13:03:11
10	hospital or that, in which case, then, they would	13:01:27	10	A. No.	13:03:14
11	have come over and looked at him and studied the	13:01:30	11	Q. -- aside from Mr. Guarino, of	13:03:15
12	scan and then decided that they needed emergent	13:01:33	12	course?	13:03:17
13	surgery or they needed an angiogram.	13:01:36	13	A. No.	13:03:17
14	If they needed an angiogram, you know, I	13:01:39	14	Q. Anyone else you consulted with in	13:03:17
15	got the impression that I put down here, in terms	13:01:44	15	writing this report?	13:03:22
16	of time, that it would have taken, you know, an	13:01:46	16	A. No.	13:03:23
17	hour or two to schedule it and another couple of	13:01:50	17	Q. Did you talk to any other, like,	13:03:23
18	hours to perform it.	13:01:53	18	neurosurgeons down here?	13:03:27
19	And so I am just trying to kind of	13:01:54	19	A. I don't think so, no.	13:03:28
20	present a time line as to what would have	13:01:57	20	Q. I am going to go to the next	13:03:30
21	transpired had this whole thing gone down a	13:02:00	21	paragraph of your report.	13:03:36
22	different pathway, based on my understanding of	13:02:04	22	A. Sure.	
23	how they were dealt with at that time in	13:02:08	23	Q. It says, "The rapidity of clinical	13:03:37
24	Anchorage.	13:02:11	24	deterioration in Mr. Allen's case suggests to me	13:03:39
25	Q. Right. And gone down a different	13:02:12	25	that his prognosis was extremely poor regardless	13:03:41
Page 154			Page 156		
1	path, as in, had he been diagnosed with a	13:02:15	1	of treatment."	13:03:43
2	subarachnoid bleed that morning; is that right?	13:02:18	2	And I would just ask you, in fairness,	13:03:44
3	A. Right.	13:02:18	3	isn't that speculation that regardless of	13:03:47
4	Q. What else did you learn from the	13:02:20	4	treatment --	13:03:49
5	emergency room physician that you spoke with?	13:02:22	5	A. Yeah, it is speculation, of course.	13:03:50
6	A. Probably -- I don't remember	13:02:23	6	Yeah. I mean, there are some patients who	13:03:56
7	anything else specific that helped me in this case	13:02:25	7	deteriorate rapidly and go to clinical grades 4 or	13:03:59
8	or that is pertinent.	13:02:29	8	5 that survive, and some of them even have useful	13:04:04
9	Q. And I am just curious, do you	13:02:30	9	survival, but that number is low.	13:04:08
10	remember whether or not that was Dr. Brodsky? I	13:02:31	10	Q. The number is low in terms of	13:04:11
11	don't want you to guess. I just want to know what	13:02:35	11	people that deteriorate quickly to 4 or 5 and then	13:04:12
12	your --	13:02:36	12	go on to survive; is that what you mean?	13:04:16
13	A. I would be guessing.	13:02:36	13	A. Yes.	13:04:17
14	Q. Did you ever talk to Donna Fearey?	13:02:37	14	Q. Okay. But I guess my question is,	13:04:18
15	A. No.	13:02:40	15	isn't it speculation that -- I mean, because	13:04:19
16	Q. Did you talk to any of the other	13:02:40	16	Mr. Allen, not only did he not get any	13:04:22
17	folks that were named in the medical records	13:02:45	17	treatment -- and we know he didn't get any	13:04:23
18	involved in the treatment of Todd Allen?	13:02:48	18	treatment, right, because he was discharged from	13:04:25
19	A. No.	13:02:49	19	the hospital; is that right?	13:04:27
20	Q. Did you -- in writing this report,	13:02:49	20	A. Right.	13:04:27
21	aside from -- it sounds like you talked to either	13:02:53	21	Q. And certainly, as you said, that	13:04:28
22	a neurosurgeon or neurosurgeons in Anchorage --	13:02:56	22	would be below the standard of care had he been	13:04:29
23	A. Mm-hmm.		23	diagnosed with a subarachnoid hemorrhage and then	13:04:32
24	Q. -- is that right? And then you	13:02:58	24	been discharged?	13:04:33
25	talked to an emergency room physician?	13:02:59	25	A. Right.	13:04:34
Page 155			Page 157		